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ABSTRACT

This paper introduces and defines photography, presents an overview of its applications, and shows how photographs can be used adjunctively as both artifacts and metaphors. Examples are given to demonstrate the usefulness of pictures in gathering information about a client's world, taking a history, formulating a diagnosis, and creating intervention strategies. Photographs are considered as stimulus materials and are described as an adjunct to verbal therapy, along with examples of the effectiveness of this approach. A phototherapy bibliography is also provided. (Author/JAC)

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ON PHOTOGRAPHY: USES IN PSYCHOTHERAPY

Paper presented to the National Convention
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ABSTRACT

This paper introduces and defines phototherapy, presenting the reader with a general overview of applications. Photographs can be used adjunctively as both artifacts and metaphors. Examples are given which demonstrate their usefullness in gathering information about a client's world, taking a history, formulating a diagnosis, and creating intervention strategies. Therapists do not need photographic skills to work in this modality. A bibliography is included at the end of this paper for the reader who wishes more information concerning this emerging field.

Photography was born almost simultaneously in England and France in 1839. Seventeen years later Dr. Hugh Diamond would present an illustrated paper to the Royal Society of Medicine in England proposing that photography be used with psychiatric populations. His 1856 paper and a number of patient photographs are reproduced in a book edited by Gilman titled "The Faces of Madness". Dr. Diamond proposed that photography could be used in three ways: to study photographs of the mentally ill for purposes of diagnosis, to use photographs of clients to effect self-concept change, and to use photographs for record keeping regarding treatment progress and/or re-admission.

It appears that Dr. Diamond was ahead of his time, for it was not until the late 1970's that phototherapy began to emerge as a distinct therapeutic entity. Perhaps this is in part due to more therapists being interested in photography, or the simplification of the image making process itself. Perhaps it is in part due to brain hemisphere research. Perhaps it is due in part to the fact that the visual image predominates contemporary western culture, and our emerging recognition that words and pictures when used skillfully, change large segments of a population's attitudes, behaviors and myth systems.

It is likely a combination of all of these factors and more. We are relearning with an increasing awareness the primacy and potency of the visual image. This has important implications for professionals who wish to be more effective with more clients: who wish to view a client's world, to enlarge their perception and to help them to see anew; more completely and adaptively. The visual image is also helpful to diminish client blind spots and to enlarge their outlook on life so that they may refocus their blocked energies.

Phototherapy is a metaphor, an end in itself and an adjunct to verbal therapy.

While other disciplines which study the visual in our culture such as visual anthropology, visual sociology, and media/communications have emerged in the last twenty years or so, this paper seeks to focus on the links between photography and psychotherapy. It seeks to demonstrate in an introductory way, how photographs can be useful tools in the therapeutic session. It attempts, therefore, to provide the reader with a panaramic view of the field, bringing to light some of its applications. Those readers who wish to gain an enlarged and more thorough understanding of the field and its principles are directed to the phototherapy bibliography at the end of this paper.

Let us begin by taking a look at photographs themselves, especially those of the snapshot variety, a client is most likely to bring into a session. (It should be noted, however, that phototherapy can encompass many aspects of photography, such as learning the craft of photography itself, or dealing metaphorically with visually referent language, or processes of imaging.) Generally, we deal with images either made by and/or of the client, or those images by and/or of others.

The first thing we notice is that even though these photographs are basically flat pieces of paper, our cultural experience and visual training in renaissance perspective allows us to project three dimensional qualities onto the image. That is we see order and depth within the frame which fits our version of reality. This follows principles of visual perception which were discovered and quantified in the early nineteen hundreds by Wertheimer et. al.; the Gestalt psychology school. This school brought us concepts of proximity, figure-ground, ganzfeld, etc. When we view photographs we visually organize the information according to these principles and then create their meaning by filtering this information through our history, present needs, and expectations. We notice the picture and the border. We assume that the relatively big person beside the relatively small house means that the house is in the background. We create a figure

and ground which corresponds to our notions of reality. If we strongly believed in giants we might have a very different interpretation of this visual information.

Additionally, although all photographs represent frozen moments of the past, when we respond to them, we give them their meaning in the present. Looking at any photo is an active process of meaning making, a here and now event. Photographs are also touchstones which act as potential catalysts to access our other senses which were either present in the original scene or present now.

One more point about photographs which needs to be made is that the information they contain is non-linear. The information is presented all at once and it is up to the viewer to sort out a meaning. This process involves "right brain mode" (as opposed to left brain mode) ways of organizing information and creating meaning. Another aspect of this phenomena is that photographic/visual meaning is in part defined by its form. For example, this paper could have its form changed, it could be written in different type face, on a different size or color of paper, or as one long line, and it would not substantially change its message. When photographs are changed in size, tone, color, etc. it changes their message. When we look at photographs, we involve different parts of our perceptual mechanisms than when we view and engage linear data. The different way of preceiving and knowing represented in the understanding of photographs is helpful in creating an enlarged understanding and outlook which a purely verbal (right mode) understanding will not accomplish.

Phototherapy can be defined as the use of images (or visually referent language) to create changes in client thoughts and/or behavior and/or feelings. It is a potent intervention modality. Because looking at photographs is so popular in our culture it can readily be integrated into the therapeutic setting. Clients are most often flattered and willing to bring photos to a sessions. It demonstrates a reaching out by a therapist to learn about a client's world.

It becomes a way to quickly establish rapport. It is often easier to share photos in the initial stages of therapy than to reveal true problems. However, photographs are revealing by their nature. Viewing and discussing photographs gives therapists information useful in creating client history and diagnosis. They also will often give a therapist information about a client's style of being the world and allow the therapist to formulate hypotheses and strategies. Many times the "real" problem will be shown in a photograph or series of photos. When therapists look at photographs they see implications of the client's world: interests, family, peers, socio-economic status, values and behavior patterns. Photos allow the therapist to create a more whole picture of who the client is than would be available by verbal report alone.

Since all photographs have a point of view, subject matter, photographer to subject distance, etc., viewing them permits the therapist to share a client's "images" of the world and to learn their visual syntax. Using this syntax as base, the therapist can communicate and work with clients so that they become more adaptive in the world.

We may also consider the selection and presentation of photos as meta-communications. A client who brings in one or two carefully selected images, the client who pours out a shoebox full of images onto the desk, and the client who brings in two or three albums of images are likely to be presenting the therapist with useful information about their organizational style, level of trust and/or readiness for therapy, etc. In looking at client's personal photos which show their environment we see among other things, behavior patterns. If they are posing we see how they "self"-consciously present themselves to the world; that is, how they look when they put their best foot forward.

In candid photos we see them in more typical contact with their world. Are they alone or with people? What is the setting and occasion? What seems to be the client's level of comfort? What are the implications of the proximics,

semiotics, and dynamics of the situation? How representative is the photo? In looking at client photos I have seen indications of dysfunctional behavior patterns; alcoholism, passive-aggressive behavior, marital conflicts, etc. In this same way we are given a sample of a client's valuing system by those things in their world they have chosen to represent in photos.

Much of this same information is available in family albums: we see families relating to each other (and the camera) in situations over time. We see how they pose for the world, and the way they organize themselves. (We also find attitudes about the process of being photographed.) One good use of family photographs in family therapy is to find images of the past in which everyone seemed to be happy or more harmonious than in the present. The purpose of drawing a family's attention to these kinds of images early in therapy is to show that the family once functioned better than they do in the present. These images can offer hope that they can change again. We also glimpse family rules and norms concerning what events are allowed to be photographed, family power, behavior modeling, and the way they choose to sculpt themselves when they present themselves as a unit.

Often as part of an intake interview I photograph clients with a Polaroid camera. I choose the camera for its ease of operation and almost immediate image. I ask clients where they would like to be photographed and try to accomodate their requests. We look at the image together and I ask them questions such as: "Who is this person?" "What do you like about this photo?" "Is there a part you dislike?" "If we were to take another picture of you now, what would you like to do differently?" "If we were to take another picture of you in six months what would we see different?" "How would you title this picture?" Many times the client's own titles focus with surprising clarity on their main area of concern. One client with low self-esteem and little perceived ability to interact in social situations titled his picture "Stage Fright".

A schizophrenic client with an Elmer Gantry-type father chose to be photographed by a window (unawarely?) in such a way that he looked menacing. He titled the picture "The Demon". In another photo the same client chose to be seated and looking at the floor. He titled this image "The Drunk". A client who was resistant to therapy posed looking away from me out the window and would not title the image.

I have done a good amount of phototherapy in a partial-hospitalization program of a community mental health center. In this program I have used photography as a socialization stimulus by simply putting candid photos of client group interactions on my door or a bulletin board. Clients report that they enjoy seeing themselves and indentifying other clients. They often bring other clients to the images to look at these pictures with them. As part of group therapy I have used photos to mediate polarities and to create behavior change. With one group therapy client who was either "laid back" almost horizontally or poised on his chair so that he looked like he was about to pounce, another therapists and I created a series of images which let him see what he looked like and which allowed him to create a more moderate position which included his notions of "relaxed" and "attentive". I have also had entire groups mime emotions such as angry, silly, serious, sad, tired, etc. We have then looked at various member's non-verbal indications of these states in the photos, noting the changes in expression. If a client or clients do not exhibit much change, we discuss this and may then photograph them again. This technique gives them the permission and the opportunity to model new behaviors. Like many other phototherapy techniques it also gives immediate feedback about how they look and are perceived by others.

Another therapist is currently running a weight-loss group for some of our clients. The therapist of that group and I have developed a methodology whereby members are photographed once a month. These photographs are put on

sheets of paper which have spaces for name, date, and weight above the photograph. Below the image the clients complete three "I statements". Early indications are that the photos help them to see themselves differently and give them reinforcing feedback about their weight and looks which is being generalized to other areas such as grooming, attitude, and self-esteem.

We also use photographs as stimuli for writing or for art projects. In working with one client who viewed himself as either manic or depressed, I asked him to model these behaviors for the camera so we could look at them together. Because he could not (would not?) create a manic pose, I suggested that he jump up and down on my chair. The resulted image showed him in an instant of playful relaxation. He experienced a great deal of dissonance with this photograph since he did not see himself as someone who could "be" this way. He stated that he would have to "reflect on this (photo) for awhile". I suggested that he write about this photo and a subsequent "depressed" photo, comparing and contrasting them.

More explicitly, all photographs can be used (are) projectives, amenable to projective techniques. One such technique which seems useful is to apply principles of Gestalt dream work to images. In this way the client "becomes" the picture and sequentially, all parts of the image. As clients talk about themselves as the _____, in the here and now, the therapist is given an inside view of client concerns, awarenesses, blind spots, and organizing principles. For example, in a photograph of a person standing in front of a house with a car in the driveway, and a tree and a garden in the background, the client is asked to speak in the present tense about these objects; to tell the therapist what it is like to be the person, house, tree, car, driveway, garden, etc. Clients are encouraged to pay attention to their experience while engaged in this activity while the therapist observes behavior and listens for the metaphoric content of the discourse.

In a somewhat similar way childhood photographs can be used in age regression work, that is as a vehicle to focus on hazy and opaque memories from early life experiences and to bring them into focus in the present. A client may be asked for example, to "be" various parts of an early photo of themselves, i.e. be the wading pool, the tree or themselves as a five-year old. This can lead, as a warm up, into questions such as, "as you see yourself in the pool, as you feel the water and the air, as you smell the smells of summer and hear the sounds around you, what are you aware of?" (In passing I would like to note here that this is also an example of using photographs and the visual sense as a catalyst to access and experience other senses such as the aural, kinesthetic, and olafactory.)

Using many of the above techniques, photographs can help clients with seperation and grief work. Photographs of significant others are particularly powerful instruments for accessing emotions. The act of seeing the image usually provides a flood of memories and feelings which can be worked on in the session. Additionally, one can put the photo of the person who is gone in an empty chair and allow the client to talk with them, to create dialogue and to finish up any unfinished business.

I have also used the technique of exchanging photographs as part of the termination process in therapy. They help to provide closure and are an important part of the ritual of transition. They are artifacts which we can take away with us. Making photographs of each other and exchanging them implies a number of things. It creates an air of equality which helps to defuse dynamics of power, control, and influence, etc., which may be present. (Photographers always have ascribed power.) It implies caring and singifies the importance of the relationship to both the client and therapist. The photographs can act as part of a support system, as a source of positive memories and encouragement for the future for both client and therapist.

This paper has sought to give the reader an introduction to the field of phototherapy: ways in which photography interfaces with psychotherapy. We have considered photographs mostly as stimulus materials whose context is explored by therapist and client in the therapeutic session. Much of the time the use of such photographs is adjunctive to verbal therapy. We have noted with a number of examples the potency and efficacy of this approach in the areas of client history taking, diagnosis, and treatment interventions. We have seen that photographs by their very nature are powerful artifacts. It should be noted in closing that the effects of phototherapy applications like all "techniques" grows out of contact with the client, being present to the moment, and a sense of timing. It is hoped that this paper will encourage the reader to further pursue this therapeutic modality.

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